

VERMONT MEDICAID CHIROPRACTIC SERVICES REQUEST FORM

Patient Name: _____ Medicaid ID Number: _____ Date of birth: ____/____/____

Chiropractor name: _____ VT. Medicaid Provider #: _____ NPI #: _____ Taxonomy #: _____

Office contact person: _____ Telephone number: _____ Fax number: _____

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Diagnoses / Subluxation: _____/_____/_____ Code (s) _____/_____/_____

Confirmation of Subluxation: By Radiographic Study (date) ____/____/____ By Physical Exam (date) ____/____/____

Note problem / concern that brought patient to your office: _____

Date of onset: ____/____/____ Date treatment started for this problem: ____/____/____

Number of chiropractic visits to date - this calendar year: _____ Date of last chiropractic visit: ____/____/____

Circle percentage of progress made since start of treatment: [10%] [20%] [30%] [40%] [50%] [60%] [70%] [80%] [90%] [100%]

Progress made: Identify specifics _____

Is treatment considered: ☐ Corrective ☐ Supportive ☐ Chronic ☐ Pain Control ☐ Other _____

Pain Assessment: Site: _____ Initial pain level: 1 2 3 4 5 6 7 8 9 10 Current pain level: 1 2 3 4 5 6 7 8 9 10

Is this condition the result of an injury or accident? (Yes) (No). If yes, explain: _____

Functional loss (*in relation to ADL's*): ☐ Sitting ☐ Prolonged Sitting ☐ Grooming ☐ Sleeping ☐ Lifting ☐ Standing
☐ Prolonged Standing ☐ Walking ☐ Prolonged Walking ☐ Other _____

Requested Procedure: _____ Requested CPT Procedure Code: _____

Number of additional visits being requested: _____ Visit frequency: _____ From: _____ To: _____

Is rehabilitation incorporated into the patient's treatment program? (Yes) (No). Explain: _____

What are the treatment goals for this patient? _____

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Reimbursement to chiropractors is limited to the following CPT codes: 98940, 98941 and 98942.

Coverage is limited to treatment by means of manipulation of the spine and then only if such treatment is to correct a subluxation of the spine. The existence of subluxation is required and must be documented.

Coverage is limited to ten treatments per person, per calendar year. Exceptional or unusual circumstances may justify a request by a chiropractor for additional coverage. (Medicaid Rule 7304). A summary of the specific exceptional or unusual circumstances must be attached to the prior authorization request.

Chiropractic services for all beneficiaries under 12 years of age require authorization prior to services being provided.

Requests for beneficiaries under the age of 5 require a primary care provider / pediatrician recommendation to support medical necessity.

Chiropractic services for beneficiaries 12 years of age and older do not require a prior authorization for the ten treatments per person, per calendar year limit allowed under Medicaid Rule 7304.

X Signature of Requesting Chiropractor: _____ Date: _____